

Form

**990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2005**Open to Public  
Inspection**A For the 2005 calendar year, or tax year beginning , and ending****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**OUR AMERICAN VETERANS, INC.**

Number and street (or P O box if mail is not delivered to street address)

**504 TANGLEWOOD ROAD**

Room/suite

City or town, state or country, and ZIP + 4

**FORT VALLEY****GA 31030****D** Employer identification no.**11-3690462****E** Telephone number**478-825-5519****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

■ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list See instr)

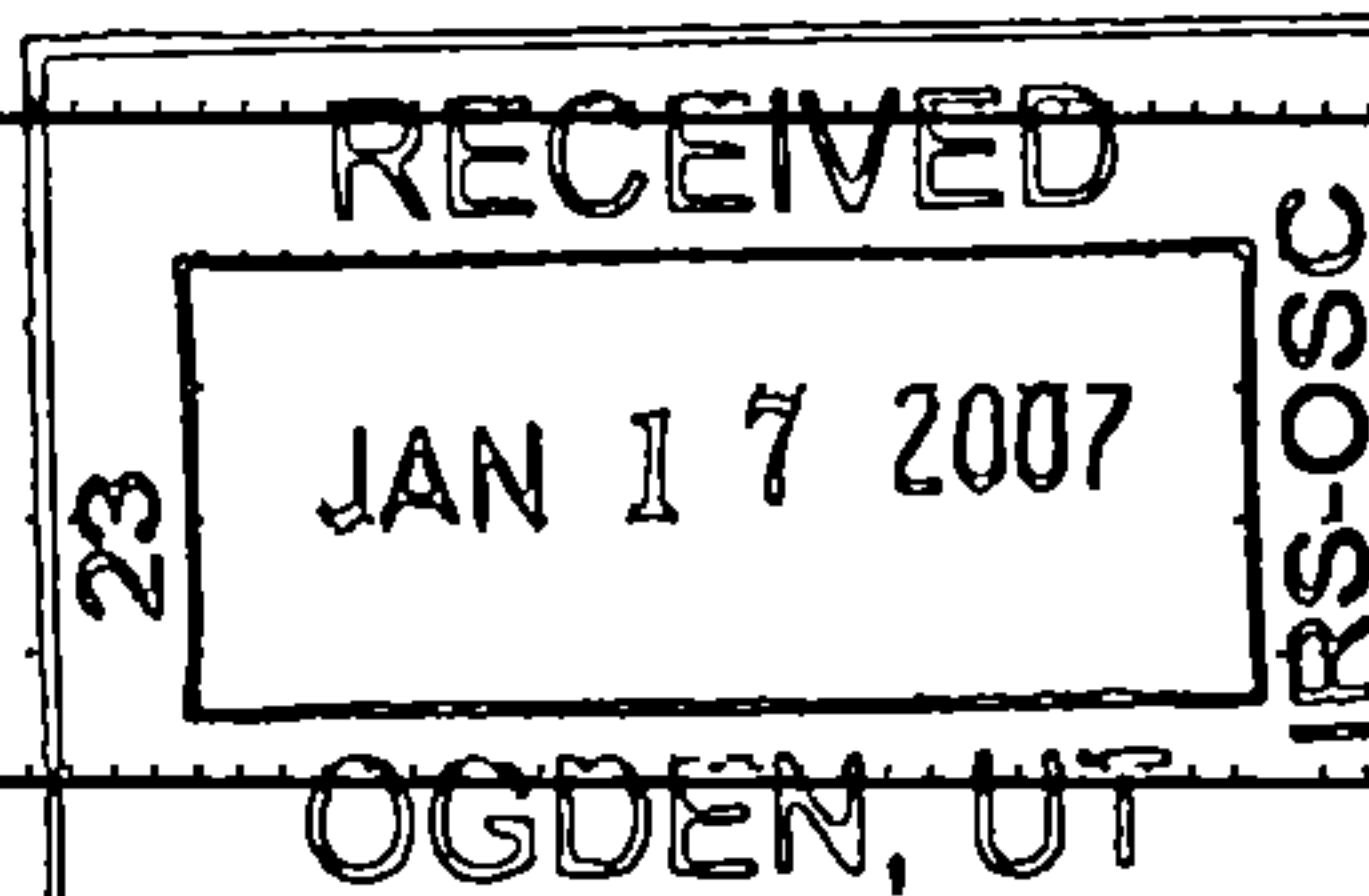
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.OAVI.ORG****J** Organization type(check only one) ▶ ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.****L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **389,606****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>389,606</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>389,606</b> noncash \$ )			<b>1d</b>	<b>389,606</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	
	<b>5</b> Dividends and interest from securities			<b>5</b>	
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less. rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe )			<b>7</b>		
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less. cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>8d</b>				
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>389,606</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>20,683</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>25,593</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>339,523</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>385,799</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>3,807</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>9,956</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>13,763</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2005)



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ non-cash \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) Stmt 1 <input type="checkbox"/>	23	150	150		
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	17,900		17,900	
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	1,369		1,369	
30 Professional fundraising fees	30	339,523			339,523
31 Accounting fees	31	1,700		1,700	
32 Legal fees	32				
33 Supplies	33	4,999	4,999		
34 Telephone	34	3,605	3,605		
35 Postage and shipping	35	85	85		
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	1,197		1,197	
40 Conferences, conventions, and meetings	40				
41 Interest	41	114	114		
42 Depreciation, depletion, etc (attach schedule)	42	1,357	1,357		
43 Other expenses not covered above (itemize)					
a See Statement 2	43a	13,800	10,373	3,427	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	385,799	20,683	25,593	339,523

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$ ,

(iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$



**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <b>See Statement 3</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)
<b>a</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		
<b>b</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		
<b>c</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		
<b>d</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		
<b>e</b> Other program services (attach schedule) <b>See Stmt 4</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		<b>20,683</b>
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶		<b>20,683</b>

**Part IV Balance Sheets (See the instructions.)****Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash-non-interest-bearing	6,410	45	10,182	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55a Investments-land, buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments-other (attach schedule)		56			
57a Land, buildings, and equipment basis	57a	7,272			
b Less accumulated depreciation (attach schedule)	57b	1,998	57c		
58 Other assets (describe <input type="checkbox"/> )		5,206	58	5,274	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		11,616	59	15,456	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> <b>See Statement 5</b> )		1,660	65	1,693
66 <b>Total liabilities.</b> Add lines 60 through 65		1,660	66	1,693	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted		9,956	67	13,763
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		9,956	73	13,763
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.		11,616	74	15,456

## Part IV-A

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

Instructions.)			
<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	<b>389,606</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments		
<b>2</b>	Donated services and use of facilities		
<b>3</b>	Recoveries of prior year grants		
<b>4</b>	Other (specify)		
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	<b>389,606</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b		
<b>2</b>	Other (specify):		
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	<b>389,606</b>

## Part IV-B

### Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Part IV Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	385,799		
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17	<b>b</b>			
<b>1</b>	Donated services and use of facilities			<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20			<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20			<b>b3</b>	
<b>4</b>	Other (specify)			<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>			
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	385,799		
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :	<b>d</b>			
<b>1</b>	Investment expenses not included on Part I, line 6b			<b>d1</b>	
<b>2</b>	Other (specify).			<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>			
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	385,799		

## Part V-A

**Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions )

[illegible]



Part V-A

Current Officers, Directors, Trustees, and Key Employees (continued)

Yes

No

75a- Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b

X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?   
Note. Related organizations include section 509(a)(3) supporting organizations.

75c

X

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

75d

X

d Does the organization have a written conflict of interest policy?

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI

Other Information (See the instructions.)

Yes

No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

76

X

77 Were any changes made in the organizing or governing documents but not reported to the IRS?   
If "Yes," attach a conformed copy of the changes

77

X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a

X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79

X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a

X

b If "Yes," enter the name of the organization

and check whether it is ☐ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions)

81a

81b Did the organization file Form 1120-POL for this year?

81b

X

**Part VI Other Information (continued)**

		Yes	No
82a-	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III )	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )	90b	1
91a	The books are in care of ▶ SYLVIA YOUNG 504 TANGLEWOOD ROAD Located at ▶ FORT VALLEY, GA	Telephone no ▶ 478-825-5519	ZIP + 4 ▶ 31030
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If " Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?	91b	X
c	If "Yes," enter the name of the foreign country ▶	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	



**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

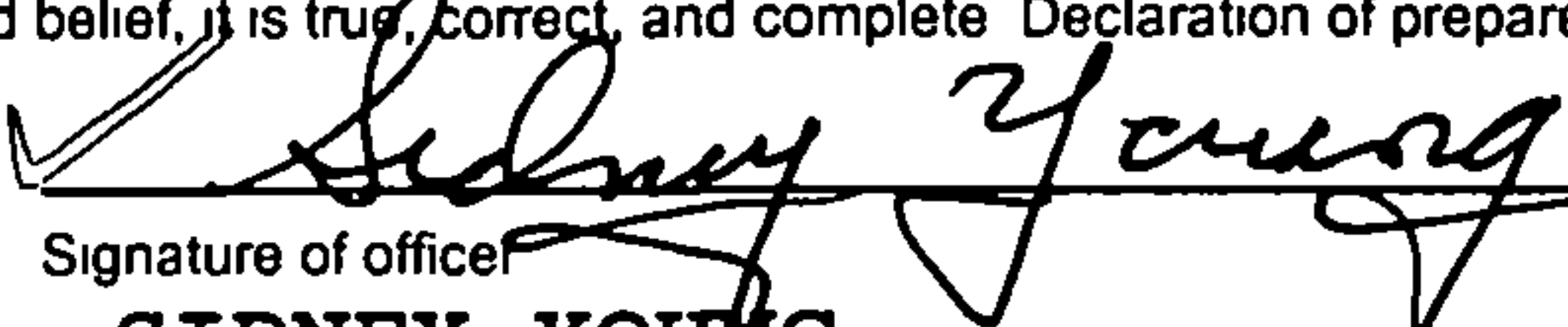


**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 	
	SIDNEY YOUNG		PRESIDENT	
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 12/19/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) P00194430
	Firm's name (or yours if self-employed), address, and ZIP + 4 David W. Purcell, CPA, P.A. 5340 Gulf Drive, Suite 205 New Port Richey, FL 34652	EIN 02-0713660	Phone no 727-842-4850	



SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

OUR AMERICAN VETERANS, INC.

Employer identification number  
11-3690462

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contnb to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

**1****X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

- a** Sale, exchange, or leasing of property?  
**b** Lending of money or other extension of credit?  
**c** Furnishing of goods, services, or facilities?  
**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2a****X****2b****X****2c****X****2d****X**

- e** Transfer of any part of its income or assets?

**2e****X**

- 3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )

**3a****X**

- b** Do you have a section 403(b) annuity plan for your employees?

**3b****X**

- c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

**3c****X**

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

**4a****X**

- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

**4b****X****Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box )

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).  
**6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V )  
**7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  
**8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  
**9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city,

and state ►

- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A )

- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

- 12** ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization. ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)

(b) Line number  
from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28 )	<b>178,363</b>	<b>27,850</b>			<b>206,213</b>
<b>16</b> Membership fees received					<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					<b>0</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					<b>0</b>
<b>19</b> Net income from unrelated business activities not included in line 18					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					<b>0</b>
<b>23</b> Total of lines 15 through 22	<b>178,363</b>	<b>27,850</b>			<b>206,213</b>
<b>24</b> Line 23 minus line 17	<b>178,363</b>	<b>27,850</b>			<b>206,213</b>
<b>25</b> Enter 1% of line 23	<b>1,784</b>	<b>279</b>			
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>0</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) <b>0</b> (2003) <b>0</b> (2002) <b>0</b> (2001) <b>0</b>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) <b>0</b> (2003) <b>0</b> (2002) <b>0</b> (2001) <b>0</b>					
c Add: Amounts from column (e) for lines 15 <b>206,213</b> 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>100.0000%</b>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>		
<b>32</b> Does the organization maintain the following			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>33</b> Does the organization discriminate by race in any way with respect to			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>		



Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a

if the organization belongs to an affiliated group.

Check ☐ b

if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		The lobbying nontaxable amount is-	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines through c h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines through c h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:**

- (i) Cash
- (ii) Other assets

- b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

- b** If "Yes," complete the following schedule:

[illegible]



Form **4562**  
(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No 1545-0172

**2005**Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**OUR AMERICAN VETERANS, INC.**

Identifying number

**11-3690462**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b>	Maximum amount See the instructions for a higher limit for certain businesses	<b>1</b>	<b>105,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation	<b>3</b>	<b>420,000</b>
<b>4</b>	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr	<b>5</b>	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
<b>6</b>			
<b>7</b>	Listed property Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 ▶	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

<b>14</b>	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>1,012</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2005	<b>17</b>	<b>0</b>
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

<b>21</b>	Listed property Enter amount from line 28	<b>21</b>	
<b>22</b>	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	<b>22</b>	<b>1,012</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles )

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25		
26 Property used more than 50% in a qualified business use											
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1									29		

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions)					
SOFTWARE	6/16/05	286	0	3.0	56
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44



**Federal Statements****Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
FOOD	\$ 50
RENT	100
Total	<u>\$ 150</u>

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
OUTSIDE LABOR	2,700	2,700		
STATE RENEWAL & CORP FEES	970		970	
REIMBURSED AUTO EXPENSES	6,261	6,261		
MOVING EXPENSES	950		950	
INTERNET EXPENSE	638	638		
ADVERTISING	774	774		
BANK SERVICE CHARGES	1,507		1,507	
Total	<u>\$ 13,800</u>	<u>\$ 10,373</u>	<u>\$ 3,427</u>	<u>\$ 0</u>

**Federal Statements****Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

FUNDS ARE RAISED FOR U.S. MILITARY VETERANS WHO ARE IN NEED OF DIRECT FINANCIAL ASSISTANCE.

**Statement 4 - Form 990, Part III, Line e - Other Program Services****Description**

SET UP FUND RAISING NETWORK TO RAISE SUFFICIENT FUNDS TO HELP DISABLED AND FINANCIALLY DEFICIENT VETERANS WITH VARIOUS BASIC EXPENSES SUCH AS FOOD, RENT, CLOTHING, ETC. IT IS ANTICIPATED THAT REVENUES WILL INCREASE SUBSTANTIALLY TO ALLOW MORE RESOURCES TO BE CHanneled TO SUCH INDIVIDUALS.



**Federal Statements****Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
STAPLES BUSINESS ACCOUNT CARD	\$ 1,024	\$ 737
ACCRUED & WITHHELD PAYROLL TAXES	636	956
Total	<u>\$ 1,660</u>	<u>\$ 1,693</u>

11-3690462

**Federal Asset Report**

FYE: 12/31/2005

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	VARIOUS FURNITURE- CUBIX	3/02/04	1,548				1,548	7 MO S/L	184	221
5	GENERATOR	9/07/04	600				600	5 MO S/L	40	120
6	CANON COPIER	12/31/04	120				120	5 MO S/L	0	24
7	HP DESKTOP PC & CABLES	10/14/04	1,009				1,009	5 MO S/L	50	202
9	DELL COMPUTER	3/01/04	750				750	5 MO S/L	125	150
10	1200CC PRINTER	3/01/04	300				300	5 MO S/L	50	60
11	HP FAX/ COPIER	3/01/04	150				150	5 MO S/L	25	30
12	COPIER	3/01/04	75				75	5 MO S/L	13	15
13	SCANNER	3/01/04	25				25	5 MO S/L	4	5
14	DESK	3/01/04	400				400	7 MO S/L	48	57
16	PRINTER- STAPLES	4/04/05	500				500	5 MO S/L	0	75
18	SATELLITE DISH	8/05/05	640				640	5 MO S/L	0	53
<b>Total Other Depreciation</b>			<u>6,117</u>				<u>6,117</u>		<u>539</u>	<u>1,012</u>
<b>Total ACRS and Other Depreciation</b>			<u>6,117</u>				<u>6,117</u>		<u>539</u>	<u>1,012</u>
<b>Amortization:</b>										
17	SOFTWARE	6/16/05	286				286	3 MOAmort	0	56
2	WARRANTY- FURNITURE	3/02/04	100				100	3 MOAmort	28	33
3	INTUIT SOFTWARE	3/01/04	169				169	3 MOAmort	47	56
4	SOFTWARE- CAPITAL ONE	12/09/04	430				430	3 MOAmort	12	143
8	WARRANTY FOR HP DESKTOP	10/14/04	170				170	3 MOAmort	14	57
			<u>1,155</u>				<u>1,155</u>		<u>101</u>	<u>345</u>
<b>Grand Totals</b>			<u>7,272</u>				<u>7,272</u>		<u>640</u>	<u>1,357</u>
<b>Less: Dispositions</b>			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>7,272</u>				<u>7,272</u>		<u>640</u>	<u>1,357</u>



0106 OUR AMERICAN VETERANS, INC.

12/19/2006 1:53 PM

11-3690462

## Federal Statements

EYE: 12/31/2005

### Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
VARIOUS INDIVIDUALS & BUSINESSES	\$ <u>389,606</u>	\$ <u></u>	\$ <u>389,606</u>
Total	\$ <u>389,606</u>	\$ <u>0</u>	\$ <u>389,606</u>

Form **8868**

(Rev. December 2004)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

- ☐ If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- ☐ If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)**Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns

Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization  <b>OUR AMERICAN VETERANS, INC.</b>	Employer identification number  <b>11-3690462</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>504 TANGLEWOOD ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FORT VALLEY GA 31030</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

☐ The books are in the care of ► **SYLVIA YOUNG**Telephone No ► **478-825-5519**FAX No ► **478-825-7976**

- ☐ If the organization does **not** have an office or place of business in the United States, check this box ☐
- ☐ If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **8/15/06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ► ☒ calendar year **2005** or  
 ► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form **8868** (Rev. 12-2004)



**OUR AMERICAN VETERANS, INC.**

**FORT VALLEY, GEORGIA**

**FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2005**

**DAVID W. PURCELL, CPA**

Certified Public Accountant

5340 Gulf Drive, Suite 205

New Port Richey, FL 34652

(727) 842-4850 FAX (727) 845-8864

**OUR AMERICAN VETERANS, INC.**

**FORT VALLEY, GEORGIA**

**FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2005**



**OUR AMERICAN VETERANS, INC.**

**YEAR ENDED DECEMBER 31, 2005**

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**DAVID W. PURCELL, CPA**

Certified Public Accountant

5340 Gulf Drive, Suite 205

New Port Richey, FL 34652

(727) 842-4850 FAX (727) 845-8864

**INDEPENDENT AUDITOR'S REPORT**

November 20, 2006

To the Board of Directors  
Our American Veterans, Inc.  
Fort Valley, Georgia

I have audited the accompanying statement of financial position of Our American Veterans, Inc. (a nonprofit organization) as of December 31, 2005, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the management of Our American Veterans, Inc. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Our American Veterans, Inc. as of December 31, 2005, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.



David W. Purcell, CPA



**OUR AMERICAN VETERANS, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**DECEMBER 31, 2005**

**ASSETS**

**CURRENT ASSETS**

Cash and cash equivalents	\$10,182
---------------------------	----------

<b>PROPERTY, EQUIPMENT, AND SOFTWARE</b>	\$ 7,272
Less: Accumulated depreciation	<u>1,998</u>

<b>Total Property and Equipment (net)</b>	<b><u>\$ 5,274</u></b>
---	------------------------

<b>TOTAL ASSETS</b>	<b><u>\$15,456</u></b>
---------------------	------------------------

**LIABILITIES AND NET ASSETS**

**CURRENT LIABILITIES**

Accounts payable	\$ 737
Accrued and withheld payroll taxes	<u>956</u>

<b>Total Current Assets</b>	<b>\$ 1,693</b>
-----------------------------	-----------------

**NET ASSETS**

Unrestricted	\$13,763
Temporarily restricted	0
Permanently restricted	<u>0</u>

<b>Total Net Assets</b>	<b><u>\$13,763</u></b>
-------------------------	------------------------

<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b><u>\$15,456</u></b>
---	------------------------

The accompanying notes are an integral part of these financial statements.

**OUR AMERICAN VETERANS, INC.**  
**STATEMENT OF ACTIVITIES**  
**YEAR ENDED DECEMBER 31, 2005**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<b>REVENUE</b>				
Contributions	\$389,606	\$	\$	\$389,606
<b>FUNCTIONAL EXPENSES</b>				
Program expenses	20,683			20,683
Management and general	25,593			25,593
Fundraising	<u>339,523</u>	<u>          </u>	<u>          </u>	<u>339,523</u>
<b>Total Functional Expenses</b>	<u>\$385,799</u>	<u>          0</u>	<u>          0</u>	<u>\$385,799</u>
<b>CHANGE IN NET ASSETS</b>	3,807			3.807
<b>NET ASSETS – BEG. OF YEAR</b>	<u>9,956</u>	<u>          0</u>	<u>          0</u>	<u>9,956</u>
<b>NET ASSETS – END OF YEAR</b>	<u>\$ 13,763</u>	<u>\$          0</u>	<u>\$          0</u>	<u>\$ 13,763</u>

The accompanying notes are an integral part of these financial statements.

**OUR AMERICAN VETERANS, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED DECEMBER 31, 2005**

	<u>Program Services</u>	<u>Management and General</u>	<u>Fund Raising</u>	<u>Total</u>
Accounting fees	\$	\$ 1,700	\$	\$ 1,700
Advertising	774			774
Bank service charges		1,507		1,507
Conferences & meetings		949		949
Contract labor	2,700			2,700
Depreciation & amortization	1,357			1,357
Finance charges	114			114
Fundraising commissions & fees			339,523	339,523
Internet expense	638			638
Moving expense		950		950
Postage	85			85
Reimbursed auto mileage	6,261			6,261
Salaries – officer		17,900		17,900
Specific assistance	150			150
State licensing		970		970
Supplies – office	4,999			4,999
Taxes – payroll		1,369		1,369
Telephone	3,605			3,605
Travel	<u>          </u>	<u>248</u>	<u>          </u>	<u>248</u>
 TOTAL	 <u>\$ 20,683</u>	 <u>\$ 25,593</u>	 <u>\$339,523</u>	 <u>\$385,799</u>

The accompanying notes are an integral part of these financial statements.



**OUR AMERICAN VETERANS, INC.**  
**STATEMENT OF CASH FLOWS**  
**YEAR ENDED DECEMBER 31, 2005**

**CASH FLOWS FROM OPERATING ACTIVITIES**

Change in net assets \$ 3,807

Adjustment to reconcile change in net assets to  
net cash provided by operating activities

Depreciation and amortization 1,357

Changes in liabilities

Decrease in accounts payable (288)

Increase in accrued & withheld payroll taxes 321

**Net Cash Provided by  
Operating Activities**

**\$ 5,197**

**CASH FLOWS FROM INVESTING ACTIVITIES**

Purchases of depreciable assets and software (1,425)

**CASH FLOWS FROM FINANCING ACTIVITIES**

0

**NET INCREASE IN CASH AND  
CASH EQUIVALENTS**

**3,772**

**CASH AND CASH EQUIVALENTS – BEG. OF YEAR**

6,410

**CASH AND CASH EQUIVALENTS – END OF YEAR**

\$ 10,182

The accompanying notes are an integral part of these financial statements.

**OUR AMERICAN VETERANS, INC.**  
**NOTES TO FINANCIAL STATEMENT**

**NOTE A – ORGANIZATION**

Our American Veterans, Inc. ("Veterans") is a not-for-profit organization whose purpose is to raise funds to give to U.S. Military Veterans who are in need of direct financial assistance. The Veterans office was located in Fort Valley, Georgia and focused its efforts on assisting veterans in the nearby geographical area.

The Veterans raises money through fundraising organizations that solicit direct public support. There is no governmental assistance.

The Veterans is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Accrual Basis** – The financial statements have been prepared using the accrual basis of accounting.

**Cash and Cash Equivalents** – Veterans considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

**Support** – Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. Gifts of cash and other assets are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restrictions ends or when the purpose of the restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as net assets released from restrictions.

Gifts of goods and equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. In the absence of explicit donor stipulations about how long those long-lived assets must be maintained, Veterans reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

There were no restrictions placed on donations received during 2005 by contributors. In addition, there were no contributions of long-lived assets or donated services during the year.

**OUR AMERICAN VETERANS, INC.  
NOTES TO FINANCIAL STATEMENTS**

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Net Assets** – Net Assets are classified as follows:

**Unrestricted** – This class includes net assets from unrestricted contributions and from other sources not subject to donor-imposed restrictions.

**Temporarily Restricted** – This class includes net assets from restricted contributions (temporary restrictions) whose donor-imposed restrictions have not been met due to actions of Veterans and/or the passage of time.

**Permanently Restricted** – This class includes net assets whose principal must remain intact. The earnings may be permanently or temporarily restricted, or may be unrestricted.

**Donated Services** – At times, volunteers may make significant contributions of their time to the Veteran's program and supporting services. The value of this contributed time is not reflected in these statements since it is not susceptible to objective measurement or valuation.

**Fixed Assets and Software** – Fixed and amortizable asset acquisitions are recorded at cost. Depreciation and amortization are provided over the estimated useful lives of the assets and are computed using the straight-line method.

**Use of Estimates** – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Functional Allocation of Expenses** – The cost of providing the various programs and supporting services has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services in reasonable ratios determined by management.

**Income Taxes** – Veterans is exempt from federal income taxes under Section 501 (c)(3) of the Internal Revenue Code and therefore has made no provisions for federal income taxes in the accompanying financial statements.



**OUR AMERICAN VETERANS, INC.  
NOTES TO FINANCIAL STATEMENTS**

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Property and Equipment** – Expenditures for property and equipment and items that substantially increases the useful lives of existing assets are capitalized at cost. The Veterans provides for depreciation and amortization on the straight-line method at rates designed to allocate the costs of assets over estimated useful lives as follows:

	<u>Years</u>
Furniture and equipment	5-7
Software and warranties	3

Depreciation and amortization expense for the year ended December 31, 2005 was \$1,357.

**NOTE C – FUNDRAISING**

The Veterans uses several professional fundraising organizations to solicit direct public support for its intended purpose. Total expenses attributable to these efforts amounted to \$339,523 for the year ended December 31, 2005.